



LINCOLN POLICE DEPARTMENT
575 South 10th Street Lincoln, NE 68508
402-441-7204 fax: 402-441-8492 lincoln.ne.gov

August 21, 2013

Mayor Beutler and City Council
City of Lincoln
City County Building
Lincoln, NE

Mayor Beutler and Members of the City Council:

An investigation has been made regarding the application of EZ Go, 8411 Windmill Drive requesting a class D liquor license.

Kevin Bodtke has requested that he be approved as the manager of the liquor license.

Background information on the applicant is as follows:


Kevin Bodtke was born in Omaha, Nebraska. He graduated from Shelby Public High School in 1994.

Mr. Bodtke has been in the retail business since 1992.

Kevin Bodtke is a currently approved liquor license manager.

The applicant completed the required training on 6-13-2013.

If this application is approved, it should be with the understanding that it conforms to all the rules and regulations of Lincoln, Lancaster County and the State of Nebraska.


JIM PESCHONG, Chief of Police



A nationally accredited law enforcement agency



PREMISE INFORMATIONTrade Name (doing business as) EZ GO #81**RECEIVED**Street Address #1 8411 Windmill Dr

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Street Address #2 _____

NEBRASKA LIQUORCity LincolnCounty Lancaster**CONTROL COMMISSION**Zip Code 68507 3208

Premise Telephone number _____

E-mail _____

Is this location inside the city/village corporate limits:



YES



NO

Mailing address (where you want to receive mail from the Commission)

Name Carey Johnson Oil Company, Inc.Street Address #1 701 SW F Ave

Street Address #2 _____

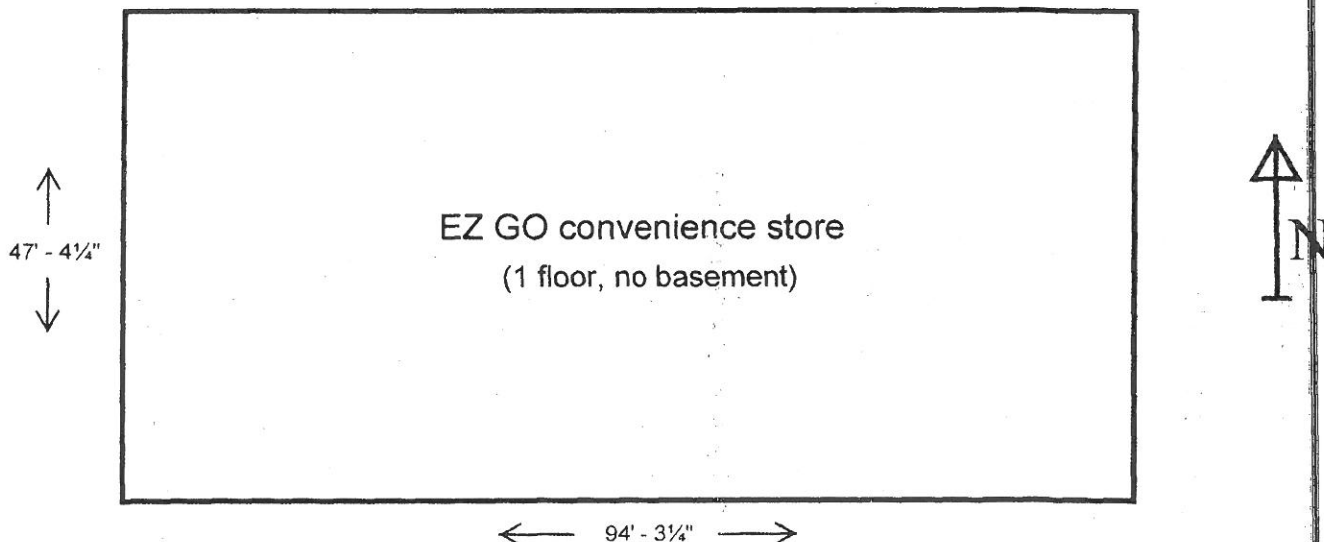
City LawtonState OKZip Code 73501-4542**DESCRIPTION AND DIAGRAM OF THE STRUCTURE TO BE LICENSED****READ CAREFULLY**

In the space provided or on an attachment draw the area to be licensed. This should include storage areas, basement, outdoor area, sales areas and areas where consumption or sales of alcohol will take place. If only a portion of the building is to be covered by the license, you must still include dimensions (length x width) of the licensed area as well as the dimensions of the entire building. No blue prints please. Be sure to indicate the direction north and **number of floors** of the building.

****For on-premise consumption liquor licenses minimum standards must be met by providing at least two restrooms**

Length 94' - 3 1/4" feetWidth 47' - 4 1/4" feetIs there a basement? Yes ☐ No ☒*One story bldg approx 94' x 47'*

PROVIDE DIAGRAM OF AREA TO BE LICENSED BELOW OR ATTACH SEPARATE SHEET



APPLICANT INFORMATION**1. READ CAREFULLY. ANSWER COMPLETELY AND ACCURATELY.**

Has anyone who is a party to this application, or their spouse, EVER been convicted of or plead guilty to any charge. Charge means any charge alleging a felony, misdemeanor, violation of a federal or state law; a violation of a local law, ordinance or resolution. List the nature of the charge, where the charge occurred and the year and month of the conviction or plea. Also list any charges pending at the time of this application. If more than one party, please list charges by each individual's name.

☐ YES ☒ NO

If yes, please explain below or attach a separate page.

Name of Applicant	Date of Conviction (mm/yyyy)	Where Convicted (city & state)	Description of Charge	Disposition

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**NEBRASKA LIQUOR
CONTROL COMMISSION****2. Are you buying the business of a current retail liquor license?**

☐ YES ☒ NO

If yes, give name of business and liquor license number _____

a) Submit a copy of the sales agreement

b) Include a list of alcohol being purchased, list the name brand, container size and how many

c) Submit a list of the furniture, fixtures and equipment

3. Was this premise licensed as liquor licensed business within the last two (2) years?

☐ YES ☒ NO

If yes, give name and license number _____

4. Are you filing a temporary operating permit to operate during the application process?

☐ YES ☒ NO

If yes:

a) Attach temporary operating permit (T.O.P.) (form 125)

b) T.O.P. will only be accepted at a location that currently holds a valid liquor license.

5. Are you borrowing any money from any source, include family or friends, to establish and/or operate the business?

☐ YES ☒ NO

If yes, list the lender(s) _____

Gender: ☒ MALE

☐ FEMALE

Last Name: BODTKE

First Name: KEVIN

prints on file
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NEBRASKA LIQUOR
CONTROL COMMISSION

Home Address (include PO Box if applicable): 2736 CABLE AVE

City: Lincoln

County: LANCASTER

Zip Code: 68502

Home Phone Number: 402-613-1194

Business Phone Number: 402-475-4725

Social Security Number: _____

Drivers License Number & State: NE

Date Of Birth: _____

Place Of Birth: Omaha, NE

☒ YES

☐ NO

Affidavit

Spouses Last Name: BODTKE

First Name: JOSEPHINE

MI: D

Social Security Number: _____

Drivers License Number & State: NE

Date Of Birth: _____

Place Of Birth: Bethlehem Township, OH

CITY & STATE	YEAR FROM	YEAR TO	CITY & STATE	YEAR FROM	YEAR TO
Lincoln NE	2002	2013			

APPLICATION FOR LIQUOR LICENSE
CORPORATION
INSERT - FORM 3a

NEBRASKA LIQUOR CONTROL COMMISSION
301 CENTENNIAL MALL SOUTH
PO BOX 95046
LINCOLN, NE 68509-5046
PHONE: (402) 471-2571
FAX: (402) 471-2814
Website: www.lcc.ne.gov

Office Use

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Officers, directors and stockholders holding over 25% shares of stock, including spouses, are required to adhere to the following requirements:

- 1) All officers, directors and stockholders must be listed
- 2) President/CEO and stockholders holding over 25% and their spouse(s) (if applicable) must submit fingerprints (2 cards per person)
- 3) Officers, directors and stockholders holding over 25 % shares of stock and their spouse (if applicable) must sign the signature page of the Application for License form 100 (even if a spousal affidavit has been submitted)

Attach copy of Articles of Incorporation (Articles must show barcode receipt by Secretary of States Office)

Name of Registered Agent: Mark A. Hunzeker

Name of Corporation that will hold license as listed on the Articles

Carey Johnson Oil Company, Inc. #

Corporation Address: 701 SW F Ave

City: Lawton State: OK Zip Code: 73501-4542

Corporation Phone Number: 580-355-4635 Fax Number: 580-355-3022

Total Number of Corporation Shares Issued: 72,500

Name and notarized signature of President/CEO (Information of president must be listed on following page)

Last Name: Johnson, Jr. First Name: William MI: C

Home Address: 8203 NW Stonebridge Ct City: Lawton

State: OK Zip Code: 73505-4127 Home Phone Number: 580-510-0001

William Carey Johnson Jr

Signature of President/CEO

ACKNOWLEDGEMENT

State of ~~Nebraska~~ Oklahoma
County of Comanche

The foregoing instrument was acknowledged before me this

July 19, 2013
Date

by William Carey Johnson Jr
name of person acknowledge

Twyla J McDonald, notary

#09001162

exp 2-10-17

Affix Seal



List names of all officers, directors and stockholders including spouses (even if a spousal affidavit has been submitted)

Last Name: Johnson, Jr. First Name: William MI: C

Social Security Number: _____ Date of Birth: _____

Title: President, Director Number of Shares 17,400

Spouse Full Name (indicate N/A if single): Beth S. Johnson

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Johnson First Name: Mary MI: L

Social Security Numl _____ Date of Birth: _____

Title: Director Number of Shares (see attached struct.)

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: Johnson First Name: Jeffrey MI: R

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares 2,900

Spouse Full Name (indicate N/A if single): Julie Johnson

Spouse Social Security Nt _____ Date of Birth: _____

Last Name: Johnson First Name: Christopher MI: L

Social Security Number: _____ Date of Birth: _____

Title: Director Number of Shares 2,900

Spouse Full Name (indicate N/A if single): Claire M. Johnson

Spouse Social Security Number: _____ Date of Birth: _____

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List names of all officers, directors and stockholders including spouses (Even if a spousal affidavit has been submitted)

Last Name: Korhonen First Name: Paul MI: E

Social Security Number: _____ Date of Birth: _____

Title: Vice President Number of Shares 0

Spouse Full Name (indicate N/A if single): Karla Korhonen

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: McDonald First Name: Twyla MI: J

Social Security Number: _____ Date of Birth: _____

Title: Controller Number of Shares 0

Spouse Full Name (indicate N/A if single): N/A

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

Last Name: _____ First Name: _____ MI: _____

Social Security Number: _____ Date of Birth: _____

Title: _____ Number of Shares _____

Spouse Full Name (indicate N/A if single): _____

Spouse Social Security Number: _____ Date of Birth: _____

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